



MELINDA KATZ  
 PRESIDENT  
 VICKY MORALES CASELLA  
 DIRECTOR OF COMMUNITY BOARDS  
 1-718-286-2900  
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CITY OF NEW YORK  
 OFFICE OF THE  
 PRESIDENT OF THE BOROUGH OF QUEENS  
 120-55 QUEENS BOULEVARD  
 KEW GARDENS, NEW YORK 11424

FOR OFFICE USE ONLY!  
 Community Board #: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Council District: \_\_\_\_\_

**NEW or RENEWAL**  
 PLEASE CIRCLE ONE

**COMMUNITY BOARD MEMBERSHIP APPLICATION**

(Please note: You must be a New York City resident to qualify for a particular board and you must live, work, or have a professional or other significant interest in that board's district. Additionally, the Freedom of Information Law (FOIL) may allow for public review of this application upon request; therefore some information given on this document may be subject to disclosure under FOIL. Please print or type clearly and do not leave any areas blank. If a question does not apply, please indicate by writing "N/A" in the space provided.)

I am applying for membership on Community Board # \_\_\_\_\_

**CONTACT INFORMATION**

NAME:  Mr.  Ms. \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DISTRICT INFORMATION**

LIVE IN DISTRICT \_\_\_\_\_ \*WORK IN DISTRICT \_\_\_\_\_ \*PROFESSIONAL/SIGNIFICANT INTEREST \_\_\_\_\_  
 \* Please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT INFORMATION**

*(If present employment is less than one year, please provide previous employment as well)*

Please note: Conflicts of Interest Board rulings require that applicants disclose whether they or their employers derive any income representing clients before the community board (i.e., attorneys, architects, consultants, etc.). These rulings do not automatically exclude one from board membership, but a review of this information is essential.

CURRENT EMPLOYER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATES: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

IF RETIRED, PLEASE CHECK:

To the best of your knowledge, are you employed by, or a member of, any entity (e.g., business or nonprofit) with proposals, programs, requests, applications, licenses, or any other matters that may come before a community board for review, funding, support, or approval during the next two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please identify the entity and the nature of the interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND**  
*(List most advanced degree received first)*

SCHOOL: \_\_\_\_\_ DEGREE: \_\_\_\_\_ DATE REC'D.: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ DEGREE: \_\_\_\_\_ DATE REC'D.: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ DEGREE: \_\_\_\_\_ DATE REC'D.: \_\_\_\_\_



\_\_\_\_\_  
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**CHARACTER REFERENCES**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OPTIONAL: The following information is requested to help ensure that community boards are diverse, inclusive, and representative. Please note that you are not required to answer these questions.

Gender:  Female  Male  Transgender  Gender non-conforming  Other

Do you have any disabilities?  Yes  No. If yes, what type of disability? \_\_\_\_\_

Which of the following best describes how you identify? Select all that apply

African American/ Black       Caribbean/West Indian       East Asian / Pacific Islander

South Asian       Asian American       Latino(a) / Hispanic

European / White       LGBTQ       Native American / American Indian

Middle Eastern       Veteran       Parent with a K-12 Child

Person with a disability       Immigrant       Other

Language(s) Spoken: \_\_\_\_\_

**CERTIFICATION STATEMENT**

I affirm that I am not employed by the Queens Borough President or by a City Council Member who may make recommendations for appointment to the Community Board to which I am applying. I am not employed by the State or City of New York in a position at or above the level of Assistant Commissioner (or equivalent title). If employed in such a capacity, I have secured a mayoral waiver allowing me to serve on a Community Board and have attached a copy to this application. If I am employed by the City of New York in any capacity, I have clearly indicated this in the Employment section of this application. I am a New York City resident above the age of 16 who lives, works, attends school, or otherwise has a significant interest in the district of the Community Board to which I am applying. If appointed, I understand it is my responsibility to notify the Office of the Queens Borough President of any changes in residence, employment, school enrollment, or any other factor that would affect my eligibility for Community Board membership. I am fully aware that Community Board membership requires my regular attendance and participation at Board meetings, meetings of committees to which I will be assigned, and public hearings that maybe convened. Excessive absences will constitute cause for my removal from the Community Board. I am both willing and able to make this commitment of time and effort to serve my community. I agree to abide by all New York City Conflict of Interest laws and rules. In all my Community Board activities, I will seek to adhere to the principles of good government, honesty, accountability, and the avoidance of conflicts of interest, both perceived and actual. I hereby affirm that all information in this application is complete, truthful, and accurate to the best of my knowledge. I hereby authorize the Office of the Queens Borough President to take reasonable and necessary steps to verify the accuracy of the foregoing statements and representations. I further agree to cooperate with said Office in any verification efforts. I have read and agree to the Certification Statement.

**I HEREBY ATTEST THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE**

SUBSCRIBED AND ATTESTED TO  
 BEFORE ME THIS \_\_\_\_\_ DAY OF  
 \_\_\_\_\_, 201 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 COUNCIL MEMBER'S SIGNATURE

**INSTRUCTIONS:**

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION – IF A QUESTION DOES NOT APPLY, INDICATE N/A IN THE SPACE PROVIDED.

IF YOU ARE AN EMPLOYEE OF THE CITY OF NEW YORK, PLEASE PROVIDE FULL NAME OF AGENCY.

ALL APPLICATIONS MUST BE NOTARIZED.

ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED FOR CONSIDERATION. APPLICATIONS FAXED OR E-MAILED WILL NOT BE CONSIDERED.

NOTE:

IF APPOINTED, YOU MAY BE SUBJECT TO INVESTIGATION BY THE NEW YORK CITY DEPARTMENT OF INVESTIGATION (D.O.I.). FAILURE TO COMPLY WITH A LAWFUL REQUEST FOR INFORMATION FROM D.O.I. WILL CONSTITUTE CAUSE FOR REMOVAL FROM THE COMMUNITY BOARD.

UPON COMPLETION, RETURN TO:

VICKY MORALES CASELLA,  
DIRECTOR OF COMMUNITY BOARDS  
120-55 Queens Boulevard  
Kew Gardens, New York 11424

Upon receiving your application, the Queens Borough President's Office may contact you regarding the next steps in the process. Please note that all applicants, including current Board members, are required to complete the entire application. Thank you for your interest in serving and representing your neighborhood!